

**Statement of  
Raymond Ramos  
Retired Staff Sergeant  
442<sup>nd</sup> Military Police Company  
New York National Guard  
Before the Subcommittee on  
National Security, Emerging Threats, and International Relations  
Committee on Government Reform  
U.S. House of Representatives**

**Hearing on “Occupational and Environmental Surveillance of Deployed  
Forces: Tracking Toxic Casualties”**

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## STATEMENT OF OIF/OEF DEPLOYMENT

I would like to thank the members of the Committee On Government Reform and Subcommittee On National Security for the opportunity to speak on my health issue's while deployed in Iraq. I come as the voice of many soldiers who will not have the opportunity to have their statements heard and are still seeking answers. Soldiers like **Spc. Gerad Mathew, Spc. Anthony Phillip, Sgt. Herbert Reed, Sgt. Agustin Matos, Sgt. Jerry Ojeda, Sgt. Anthony Yonnone, Sgt. Hector Vega** and many more who have made the ultimate sacrifice for this country and need answers to the questions of poor health after having served in The War On Global Terrorism.

I served in Iraq from April 3, 2003 to September 6, 2003 with the 442<sup>nd</sup> Military Police Company under the direct command Headquarters of the 716<sup>th</sup> Military Police Battalion. We arrived in Kuwait and were immediately set out to link up with our Battalion, after a few days of getting acclimated to the weather conditions our unit was set to cross the boarder into Iraq. The first soldiers to go forth were myself, operation Sgt., admin Sgt., and a Gunner, we were picked up by two escort vehicles and off we went. We linked up with the Battalion in Diwanyah, the camp was located within an Iraqi University that had been occupied by the 1/3 Marine Division who ran the camp. The area in which we were given to live was in the science and computer section of the university. It was littered with debris, blown out windows, human waste, books, as well as piles of dust, dirt, and sand. We had our work cut out for us because this building had to be cleaned up before the rest of the unit arrived in a few days. Opposite this building was a lab which had been wired off because we were told it was used to work on animal and human cadavers. On the roof of our building you could see the bones of a camel that had been left outside. Our unit spent approximately the next three weeks there running EPW processing and transport, security check point and front gate duty, Iraqi civilian escort, supply mission, and operations tracking.

The living areas were shared with ourselves and 716<sup>th</sup> there was no running water just a water buffalo and a one man shower that only the 716<sup>th</sup> was allowed to use. Eventually we built our showers got some water cans and imagined being home. Latrines were as such, tent poles put into the ground to urinate and two wooden stalls with large cans underneath to move your bowls. Everyday a detail was assigned to burn the waste witch was located outside of the living area.

My unit was then given the task of establishing the training curriculum of the new Iraqi Police Officers Academy. Our unit consisted of many law enforcement officers and this was a task the battalion wanted us to handle. Approximately three weeks past and our unit was given an assignment, we were to be tasked out to the Marines to run M.P. Operations. So we set out to link with the 1/7 Marine Division in An Najaf and began the assignment given us. The living conditions here where a little better than our last location but we had to deal with the same set of sanitary conditions, which was fine with us because our unit was very honored and proud to be serving our country. Well we spent about a month there and were given movement orders to As Samawah. So

we set out to join the 2/5 Marine Division this had to be one of the hottest days since we had been in country. During the convoy drive I became dehydrated which caused me to become a heat casualty. The Medic's had to give me three IV's and where in fear that I was having a heat stroke a fourth IV was about to be administered but then my temperature started to improve and I was given an area to lay down. From that point on my health just began to deteriorate I became very weak, headaches began, I was constantly fatigued, no real appetite and I just did not feel very well. Then it seemed as though the whole unit began to get ill, my operations sgt went down and other soldiers started coming down with high fevers, kidney stone problems, diarrhea, blood in the urine, and this continued for weeks.

This train repair facility was horrible it was inhabited by pigeons, rodents, dust/dirt flies/fleas, oil, trains and daily sand storms. I just dealt with my condition trying to exercise, work and be a productive soldier. These problems didn't stop they persisted and got worse. Time had past and we had been given orders to move and this when the Dutch Marines arrived they had come to replace us and the 2/5 who were finally going home. I remember being so impressed with the Dutch because it seemed as though they brought all of home with them. They immediately began to not only get their troops settled in but began to check the environment and living conditions and I didn't find out until I returned to the states that the Dutch found there to high radiation and asbestos levels which made living for their troops unsuitable health wise so they moved there camp outside of the train facility.

Which brings me to this pressing issue why dose it seem as though other countries are concerned with their troops health. The time I spent in Iraq it seemed as though there where more pressing issue's, I completed and viewed risk assessments and didn't see anything about chemical and bio-logical threats. I've read the reports on how all the U.S. Military forces need to be on one page, have the reports forwarded in a timely manner, receive better training and even the proper way in which the report be completed, but don't you think that after the first Gulf War and issue's of health from that war we should have gotten it right for this one or did we already know and chose to ignore it. Why did it have to take myself and other soldiers getting ill to find out about Depleted Uranium, why did a soldier have to find out by getting his wife pregnant and having his daughter deformed for us to put hearings such as this together. Why did I have to experience being looked at in a negative way by my immediate chain of command and soldiers in my unit, as well as doctors and staff at Walter Reed, when all I did was be concerned for soldiers. Why when we inquired about D.U. in Fort Dix did they inform us that there was no know testing for D.U. Why did I have to seek outside help to be tested. Why did it take myself to find out from the Deputy Director, of Deployment Health Support that soldiers illnesses are tracked and that if there are too many of the same illnesses an alarm is set off and commanders are contacted to address the issues.

Why are commanders living as though they are God deciding who goes for treatment. Why was I told that when I reported my findings to the staff at Walter Reed I was questioned for hours and told out of all the troops in Iraq what made me think I was exposed that they were the experts and they know I was not contaminated. Why are our methods of testing not sophisticated enough to detect the levels of D.U. Why was senator

Hillary Clinton told at a joint arms committee meeting that all troops returning from war would be tested , and today still have to bring proof that they may have been contaminated.

I'm here because as a soldier this has to be corrected by the soldier. " It is the soldier, not the reporter who has given us freedom of the press. It is the soldier, not the poet, who has given us freedom of speech. It is the soldier, not the lawyer, who gives us the right to fair trial. It is the soldier who serves, defends, who salutes and whose coffin is draped by the Flag."

I and the others didn't go to Iraq ill and I need to know why it happened and with all the resources that this country has we need to take responsibility for this and make it right with **The soldier**.

Here is a list of what I've come back with and what I have been compensated for by the Department Of Defense:

1. Sleep Apnea with Fatigue - 0%
2. Fibromyalgia- 0%
3. PTSD/ Headache with punctuate white matter Ischemic changes in parietal Lobes- 30 %
4. Cervical Myalgia- 0%
5. History of single Leishmaniasis lesion on left Anterior chest, now with Pigmented scar - 0%
6. Bilateral Ulnar Nerve Compression Neuropathy- 0%
7. Depleted Uranium Exposure- Medically acceptable- 0%
8. Skin Rashes - 0%